

**U. S. HEALTH AND HUMAN SERVICES**  
**THE CENTERS FOR DISEASE CONTROL AND PREVENTION**  
**NATIONAL CENTER FOR ENVIRONMENTAL HEALTH/AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY**

**MEETING SUMMARY**  
**OF THE**  
**HEALTH DEPARTMENT SUBCOMMITTEE**  
**OF THE BOARD OF SCIENTIFIC COUNSELORS**

**TELECONFERENCE MEETING**

**THE MEETING WAS HELD**  
**ON**  
**MARCH 15, 2006**  
**1:00 P.M. TO 2:30 P.M.**  
**(EASTERN STANDARD TIME)**

**ACRONYMS USED IN THIS REPORT:**

ASHTO - Association of State and Territorial Health Officials

ASPH – Associated Schools of Public Health

ATSDR – Agency for Toxic Substances and Disease Registry

BSC – Board of Scientific Counselors, NCEH/ATSDR

CDC – Centers for Disease Control and Prevention

CDC CU – Centers for Disease Control and Prevention Corporate University

DFO – Designated Federal Officer

EIS – Epidemic Intelligence Service

FDA – Food and Drug Administration

HDS – Health Department Subcommittee

HHS – Health and Human Services

IDP – Individual Development Plan

NCEH – National Center for Environmental Health

NNPHI - National Network of Public Health Institutes

OCPHP – Office of Chief of Public Health Practice

OD – Office of the Director

OGH – Office of Global Health

OPM – Office of Personnel Management

OWCD – Office of Workforce and Career Development

PHA – Public Health Analyst or Public Health Advisor

PHPS – Public Health Prevention Service

PHS – Public Health Service

RWJF – Robert Wood Johnson Foundation

SLMD - School of Leadership and Management Development

WDMO – Workforce Development and Management Office

WHO – World Health Organization

**HEALTH DEPARTMENT SUBCOMMITTEE**  
of the Board of Scientific Counselors (BSC)

Teleconference Meeting Minutes

March 15, 2006

**INTRODUCTIONS:** The following persons participated in the Health Department Subcommittee teleconference meeting:

Ms. Karen Scarlett Adams  
Dr. Tim Aldrich  
Dr. Sharunda Buchanan  
Mr. Robert Duff  
Mr. Scott Holmes  
Mr. Ron Lake  
Dr. Dennis Lenaway  
Dr. Ron Laessig  
Ms. Shirley Little  
Ms. Sandra Malcom  
Dr. Christine Rosheim  
Dr. Gayle Windham

**CALL TO ORDER:** Dr. Gayle Windham, Chair, called the meeting to order at 1:10 P.M. (EASTERN STANDARD TIME).

**REVIEW OF THE AGENDA:** Dr. Sharunda Buchanan, DFO, reviewed the agenda. The meeting would include presentations from CDC's Office of Workforce and Career Development (OWCD) based on priorities set during the previous meeting. The OWCD includes CDC Corporate University and The Office of Chief of Public Health Practice (OCPHP). The HDS wants to examine ways to collaborate with these offices to learn about building competencies, educational issues, and training around environmental health. The meeting speakers were:

- Dr. Christine Rosheim with the OWCD, who is also a technical support person for the Health Leadership Institute - *Overview of Workforce Collaborations*
- Ron Lake and Karen Scarlett Adams, OWCD – *CDC Corporate University*
- Dr. Dennis Lenaway, OCPHP – *Public Health Program Office*

The agenda followed as printed.

**REVIEW OF JANUARY CONFERENCE CALL:** Dr. Gayle Windham, Chair, thanked Dr. Buchanan for arranging all the speakers. She then confirmed that HDS members had received the last meeting minutes and queried if they should be officially approved. Dr. Buchannan suggested only briefly reviewing the action items and recommendations.

**Recommendations:** Dr. Windham began by summarizing the BSC meeting that had occurred. The HDS had originally identified several priorities with environmental health workforce being the top. The subcommittee had started forming some recommendations, but the BSC suggested obtaining more practical and specific information about training available to the states. The HDS had heard from Dr. Buchanan pertaining to the topic, but were advised by the BSC to hear from other parts of CDC about environmental health workforce efforts. After this meeting, the subcommittee members hoped to have more recommendations to bring to the May meeting.

**Action items:** States have some training programs in place, but maybe more advanced training would be useful. A particular point was to include information on cultural competence or institutional racism as part of environmental health workforce training. Members wanted to determine whether CDC could develop recommended environmental health workforce training. This kind of training could be offered to the states and could be used amongst their staff independent of CDC. Members also expressed an interest in incorporating database skills into environmental health workforce training, which has been lacking in the past. Dr. Buchanan already addressed the other action item, which was to hear from other areas of CDC about environmental health workforce training efforts. The remaining action item was the Environmental Public Health Conference. None of the members present were able to address the conference, but Dr. Windham wanted confirmation that the two HDS members had been included. Dr. Buchanan referenced a previous conference call with Dr. Windham, Ms. Shirley Little, Ms. Sandra Malcom, and herself. On the call Shirley or Sandra were charged with giving Mr. Jerry Hershovitz names of the HDS members that would participate in the conference and relaying other conference-related information back to the subcommittee. Dr. Buchanan recommended having a call with Jerry Hershovitz prior to the next meeting to learn more about the conference.

Dr. Windham provided the speakers with some background about BSC and the reason for their interest in environmental health workforce development activities at CDC.

**PRESENTATION – OVERVIEW OF WORKFORCE COLLABORATIONS BY DR. CHRIS ROSHEIM:** Dr. Rosheim presented an overview of OWCD, formed in June 2004 as part of the *Futures Initiative*. CDC was challenged to examine their workforce as well as at the local, state, and tribal levels. There were increased concerns over the aging workforce, which retires knowledgeable and skilled workers, and the new challenges facing public health, such as addressing disparities, reacting to bioterrorism threats, and emerging illnesses. OWCD was originally charged to look at both internal and external workforce competencies, but some logistics are still being sought through since this is a new venture. In terms of workforce development, OWCD determines what jobs and

skills are critical to public health success, how CDC can ensure the skills are available when needed, and how to optimize the workforce.

The ASTHO report identifies the fields of nursing, epidemiology, laboratory sciences, and environmental health as having current workforce shortages and predicted shortages. OWCD is committed to addressing national workforce shortages.

External OWCD partners include academia, practice community partners, professional organizations, federal, and global partners (i.e. CDC/OGH, WHO, Public Health Canada). The vision of OWCD is “to maintain a prepared, diverse, and sustainable workforce.” The mission is “to improve health outcomes by ensuring a competent and sustainable workforce through excellence and innovation in workforce and career development.”

Dr. Rosheim said that OWCD looks forward to working with NCEH/ATSDR on environmental health issues that arise since they are aware of those concerns.

The following training programs are available through OWCD:

- Epidemic Intelligence Service – 2-year postgraduate fellowship program primarily for medical doctors
- Public Health Prevention Service – 3-year public health management training program for Masters leveled candidates
- [www.cdc.gov/phtrain](http://www.cdc.gov/phtrain) - information on CDC fellowships
- [www.cste.org/competencies.asp](http://www.cste.org/competencies.asp) - draft information on applied epidemiological competencies

#### **DISCUSSION POINTS GENERATED FROM DR. ROSHEIM’S PRESENTATION:**

The following topics were discussed:

- OWCD training programs are currently for existing staff at CDC.
- Workforce development is primarily focused on internal efforts because of limited resources to fund external activities.
- Approximately 300 total OWCD staff members including fellows, EIS Officers, other field workers in the states; about 100 in-house in Atlanta.
- Public Health Prevention Service (PHPS)
  - Training program designed for outside graduating Masters level entry-level individuals
  - Used similar to EIS Officers during a 6 to 12 month fellowship, then go to state and local health department
  - For specific information on eligibility, contact John Liscoe.
- Public Health Service courses

- Training available to external CDC staff
- Most courses are generic, but environmental health staff do take

**RECOMMENDATION:** Dr. Ronald Laessig recommended that OWCD create a program that allows states to send its newly hired employees to CDC to work alongside an environmental health professional. The new state employee could come for maybe a one-month stay to shadow CDC workers. The two most important benefits would be: (1) the important contacts made for future needs and (2) the visiting state worker would have the opportunity to learn about state-of-the-art environmental health practices at CDC. Dr. Laessig explained that this is the kind of training that the HDS committee is seeking.

Dr. Rosheim said that OWCD would love to be able to offer that kind of service and was sure the recommendation would be documented.

**PRESENTATION – CORPORATE UNIVERSITY BY KAREN SCARLETT ADAMS AND RON LAKE:** Ms. Adams is responsible for one of the seven (7) schools within CDC Corporate University, which is the School of Leadership and Management Development (SLMD). Training provided by SLMD is internal; Mr. Lake said he is not sure how much of this information maybe beneficial to the HDS's agenda. SLMD ensures that technical individuals who are subject matter experts in their areas of expertise are trained to better manage people, projects, and things.

A four (4)-tier program has been designed and is strategically in place for individuals starting at Level I – high potential non-supervisory individuals, Level II - team leaders, Level III – managers, and Level IV - executives. In prior years, SLMD offered an alphabetical list of courses that would be conducted throughout the fiscal year. With Dr. Gerberding's emphasis on leadership and management development, SLMD took an intense look at courses offered and conducted a need analysis of what individuals needed to become better managers and supervisors. With that information, the four (4) levels of the types of training offered at CDC were designed. SLMD has found a growing increase for individuals who were targeted at those levels with this tiered approach. For example, among Level III employees a 300% increase was noted in requests to take various courses. The tiered approach has enabled CDC CU to hone in on the needs of the technical experts whether they are epidemiologists, PHAs, or medical doctors and their needs to become better managers.

There is an effort to look at what kinds of training should be offered in the field so that training courses are homogeneous with what is available at CDC.

**DISCUSSION POINTS GENERATED FROM MS. ADAMS AND MR. LAKE'S PRESENTATION:**

- Efforts to ensure homogeneity of CDC and field training
  - Project is in the very early stages
  - Housed at the OD level

- CDC CU is taking an inventory of what is currently offered and what may be needed out in some of the field offices
- Project is through the WDMO and the Excellence in Learning Council
- Excellence in Learning Council - representatives from each CIO's workforce and development office
- Currently internal project, but there is a concern about providing better field training
- Field staff – refers to CDC staff working outside the Atlanta office (i.e. EIS Officers in state health departments)
- Approximately a couple thousand participating in the training among those in non-supervisory roles and couple hundreds for executives

Mr. Lake is responsible for the School of Preparedness and Emergency Response and spearheads most of the competency development activities at CDC CU, which are internal. One of the goals over the past several years has been to develop competencies for each occupational group at CDC. Currently, about 90% of the workforce is covered by an occupational set of competencies. In addition, there are two other types of competencies for every CDC employee, (1) core competencies set by HHS and (2) functional competencies and leadership competencies. There are other functional sets such as preparedness and emergency sets of competencies. In addition, competencies exist for environmental health specialists, such as environmental health officers and industrial hygienists.

Competencies are developed by looking at position descriptions and OPM classification standards. If the competencies are for a large group, a subject matter expert is convened to develop a draft set. Then the draft set of competencies is disseminated to the entire target audience for comments. Next, the comments are incorporated and the set is considered validated. This information is on the CDC CU website and housed on the competency assessment profile system (CAPS). There is a competency assessment tool which can be used to help build individual development plans. The new learning management system will have a more robust competency development tool, which will generate electronic versions of an employee's IDP and allow it to be tracked for completion.

The CDC CU website is <http://intranet.cdc.gov/ecp/training.asp>.

**PRESENTATION – PUBLIC HEALTH PROGRAM OFFICE BY DR. DENNIS LENAWAY:** The Office of Chief of Public Health Practice is a small staff office, not meant to have a multitude of programs, but devoted to being a leadership, vision setting, and public health advocacy program. The OCPHP deals with national public performance programs and large community health planning tools. For information on environmental health training, Dr. Rick Goodman would be a valuable source.

Dr. Lenaway's presentation is outlined as follows:

- The Office of the Chief of Public Health Practice is comprised of two offices
  - Office of Standards and Emerging Issues in Practice
    - National Public Health Performance Standards Program (NPHPSP)
    - Mobilizing for Action through Planning and Partnerships (MAPP)
    - “Exploring Accreditation” project
    - Monitoring and advocating for public health practice issues
    - Public Health Practice Council (concept)
  - The Public Health Law Program
    - Public Health Legal Preparedness
    - Legal Capacity Building
    - Public Health Legal Impact Research
- OCPHP’s vision and goals are to improve the quality of public health practice and performance of public health systems by:
  - Providing performance standards for public health systems and encouraging their widespread use
  - Engaging and leveraging national, state, and local partnerships to build a stronger foundation for public health preparedness
  - Promoting continuous quality improvement of public health systems
  - Strengthening the science base for public health practice improvement
- Four (4) concepts applied in public health standards
  - Based on the 10 Essential Public Health Services
  - Focus on the overall public health system
  - Describe an optimal level of performance
  - Support a process of quality improvement
- Accreditation of public health agencies
- Multi-state Learning Collaborative
  - One year program funded by RWJF and managed by NNPHI (Sept 06)
  - Five (5) states – Illinois, Michigan, Missouri, North Carolina, Washington
  - Two (2) goals of collaborative
    - Inform the “Exploring Accreditation” project
    - Enhance state accreditation activities
- Additional information
  - [www.cdc.gov/od/ocphp](http://www.cdc.gov/od/ocphp)
  - [www.naccho.org](http://www.naccho.org)

**DISCUSSION POINTS GENERATED FROM DR. LENAWAY’S PRESENTATION:**

- Activities of OCPHP are focused on state and local public health
- Internal practice discussions take place to influence and motivate CDC resources to go outward



- OWCD is responsible for training and OCPHP supports training by identifying funding, etc.
- OCPHP has not solidified ways to integrate on how to collaborate their efforts with OWCD and others because of the reorganization of CDC.
- Over the next few years, things will be smoother and OCPHP will find its niche and determine how to assist with outside activities.

Dr. Lenaway offered any assistance that he could give in meeting the agenda of the HSC.

**PUBLIC COMMENTS:** Dr. Windham asked for public comments, but there were none.

**DISCUSSION/RECOMMENDATIONS:** Dr. Aldrich received an email from ASPH about its newly released core competency report, which he will share with other HDS members for review. Dr. Lenaway said Dr. Rosheim's office is aware of the information put out by ASPH and could provide more details to the subcommittee.

Dr. Lenaway stated that this is "bold and daring considering how this is a controversial topic in every sector."

Dr. Buchanan said that in the past CDC has had a great relationship with ASPH and has given them a CDC-wide grant. She will also talk with Dr. Rosheim's group to learn more about the ASPH report.

Dr. Windham asked the subcommittee members:

- Are there other potential recommendations beside the one Dr. Laessig proposed?
- Do we feel we have more information so that we can discuss some of these issues further?
- Do we want another call before the May meeting so a few more people could look over these things?
- Do we feel we have more information that we can dispatch?

Dr. Laessig stated that there was a lot of information to gather and he could not think of additional recommendations right now except to reemphasize the need to "plug into" CDC's, especially NCEH's, expertise if states want to have "world class" laboratories. State health departments are always looking to get the most out of their money. Maybe as part of environmental health workforce training, NCEH should have the responsibility to train state health departments to be Level I, II, or III laboratories. Since states are always citing not having enough resources, maybe CDC can help state labs fund some of that training. For example, CDC can develop core competencies for states laboratories, which can be used state-to-state if there is no support within to fund this kind of training.

During the last discussion, the HDS mentioned having more advanced training and talked about the University of South Carolina model, but were waiting to hear from Libby. Dr. Buchanan said that Libby would not be able to make this call, but would definitely have something available for the next call. The HDS also talked about whether CDC would design advanced trainings or provide resources for staff to attend existing summer courses. The subcommittee talked about incorporating evidence-based practice models, cultural competence, reaching

and educating physicians, advanced training on database skills, and recommended core training perhaps based on CDC competencies.

Dr. Windham asked if anyone wanted to discuss the prior action items. Mr. Robert Duff said that based on the ten-year plan, HDS had identified a couple of issues around training. As for advanced training, he said the subcommittee did not want specifics in the field of environmental health, but broad-based training for health professionals. Mr. Duff asked what Dr. Windham had in her notes about the kinds of advanced training the HDS was seeking. Dr. Windham explained that the HDS discussion did not get much more specific except for mentioning summer courses and database skills, but no discussion on content. Dr. Buchanan said there was mention of incorporating cultural sensitivity. Dr. Windham said that the HDS may not need to get that specific, she suggested asking CDC for what would be considered advanced training for key competencies.

Dr. Windham asked Mr. Duff if the HDS should have content recommendations. Mr. Duff said he didn't think so, the subcommittee may not want to get that specific like needing training on how to use a probe, but wanted specific information on what was lacking at the local level. He said that Dr. Oleru and Mr. Scott Holmes had specifics ideas about what was lacking at the local level that may not have been covered in the 10-year plan. The ideas were targeted at how to make the staff more competent around broad-based topics.

Mr. Holmes said there are a lot of things available out there and if local environmental specialists went through them they would gain competencies in risk utilization and other specifics. Mr. Holmes said that FDA has done this with their Fine Line University by using what is already available. He recommended that states have a track that packages courses that address particular competencies including self-study courses. Mr. Holmes suggested possibly issuing certificates upon reaching a designated point of completion. (i.e. track, course)

Dr. Buchanan said at CDC there used to be a home study course, but a lot of discussion has taken place in the Environmental Health Services Branch about updating to include non-technical information and public health competencies. Dr. Buchanan said she would have to research this to find out about the success of the home study program. Mr. Holmes said that there is enough information to get state staff members trained on technical topics, but a great deal of work would need to be done to package the information appropriately and to include public health competencies.

Mr. Duff asked if the HDS had considered the idea of issuing certifications. Dr. Windham said the issue of certifications was raised, but not on the last call. Mr. Holmes said he didn't recall a lot of support for registered certifications.

Dr. Windham asked what office at CDC might package a core public health curriculum. She said the original charge of OWCD was both internal and external. Dr. Buchanan reiterated that the focus of OWCD was internal. Several members suggested that BSC encourage CDC to package a core curriculum for environmental specialists.

Dr. Windham queried about the date of the next call. Shirley Little said that the April dates did not work and there would have to be forty-five (45) days to arrange another call.

The BCS meeting is May 5<sup>th</sup> or 6<sup>th</sup>. Mr. Duff said that the goal now is to come up with recommendations prior to the May meeting. Dr. Windham said the HDS could convene via email since time didn't allow for another teleconference. She asked that Ms. Little circulate the January meeting minutes and that HDS committee members begin to formulate recommendations based on the first priority.

Dr. Windham asked Dr. Aldrich if he had heard from Jerry about helping to plan the Environmental Health Conference. Dr. Aldrich said he had not. Dr. Buchanan would investigate this further because she was not aware of any planning meetings, nor were others informed about "call for abstracts." Dr. Aldrich said last time there was a call for abstracts and presentations. Dr. Aldrich and Dr. Oleru are the BSC conference representatives to sit on the planning committee.

Arnetra Herbert from the Office of Science informed the meeting participants that the CDC Corporate University website is an intranet site not accessible by persons outside. Mr. Holmes recommended that maybe CDC should provide access to the CDC CU website to bring state and local health departments together with CDC's training efforts.

Dr. Windham said that another action item would be get the competencies disseminated, which were sent to Shirley Little by Mr. Duff.

Mr. Duff reiterated that there is a lot of training information available, plus what was learned from the presentations, but the HDS needs a model to bring it all together like what CDC did with CDC CU. This would be useful for both state and local health departments. Dr. Windham agreed and said that the subcommittee could formulate a recommendation for CDC to put a model together for state and local health departments.

Mr. Duff asked if someone could print out a few pages from the CDC CU website and mail or email it to the HSC members. Dr. Windham reminded that CDC CU does not include outside courses. Mr. Duff said he understood that but wanted to see what the site looked like to help bring this all together and to form disciplines for state and local training. Then the HDS could make the recommendation of having access to CDC CU training courses. Dr. Buchanan said this would be a good thing to talk to Libby about because she is liaison to the OCWD. She said this might be the critical information that we are seeking. Dr. Windham asked Ron Lake to send the environmental health competencies to Dr. Buchanan since the HDS did not have access to the CDC CU website. Mr. Lake agreed.

#### **ACTION ITEMS:**

- Try to arrange another call prior to the May meeting of the BSC
- Email the January meeting minutes
- Email these minutes
- Get some competencies from various scenarios

- Try to come up with at least preliminary recommendations

Dr. Windham said the one last thing that was pending was the inventory that NCEH was going to conduct on training. Dr. Buchanan said that is what Libby is working on and she is emailing her to inquire about that and the other topics.

The meeting adjourned at 2:36 P.M. (EASTERN STANDARD TIME).